

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO

10594848

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	.					
2	.					
3	.					
4	.					
5	.	4				
6	.	4				
7	.	4				
8	.	4				
9	.	4				
10	.	1				
11	.					
12	.					
13	.					
14	.					
15	.					
16	.					
17	.					
18	.					
19	.					
20	.					
21	.					
22	.					
23	.					
24	.					
25	.					
26	.	8				
27	.					
28	.					
29	.					
30	.					
31	.					
32	.					
33	.					
34	.					
35	.					
36	.					
37	.					
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43	.					
44	.					
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46	.					
47	.					
48	.					
49	.					
50	.					
TOTAL IND.	20	↓		↓		↓
TOTAL DEP.	13	←		←		←
TOTAL CLAIMS	33					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						